

MEDICAL EDUCATION AND INSTITUTIONS.

ART. XIV. *Account of the Hôtel Dieu at Paris.* By ELISHA BARTLETT, M. D. of Lowell, Mass.

WHILE a resident at Paris in 1826 and 1827, I had in contemplation the publication of a small volume devoted to some account of the medical institutions of that city. Preparatory to my departure to France, I felt the necessity of something of this kind—of some work which should not only contain a more detailed and correct account of the medical establishments of Paris than is to be found in this country, but which should also serve in some degree as a guide and directory to the American medical student, while pursuing his studies in the French capital. These considerations induced me, while there, to make some researches and to gather materials with reference to this object; but want of time precluded the possibility of investigations sufficiently extensive to justify *making a book*. Should they be deemed, however, of sufficient interest to the profession, it will give me pleasure to see them in the American Journal. They will contain a condensed historical notice of the principal hospitals, statistical tables showing the number of patients, the kinds of diseases, and the rate of mortality, and brief personal sketches of a few of the most distinguished surgeons. In addition to the motives which led me to *collect* these materials, it may be added that the number of Americans who annually resort to the French metropolis for the purpose of completing their studies—the important and signal improvements which have been made by the great men of Paris in every department of our science during the present century—the achievements of such men as BOYER, LARREY, MAGENDIE, DUPUYTREN, and Roux, have created a deep and progressive interest in whatever occurs in that city in relation to medicine and surgery, which induces me to offer the following facts and observations for publication, with the hope that they may not prove unacceptable to the intelligent and inquisitive members of the profession.

The present paper will be devoted to a notice of the *Hôtel Dieu*.

This hospital is the oldest and one of the most extensive of Paris. The period at which it was founded is not known: but it must have been very remote, as we find it spoken of so early as 829. The his-

tory of this institution from its commencement down to 1793, presents a frightful picture of suffering, and an appalling table of mortality. Like other and similar establishments, it unquestionably had for its noble object the relief and mitigation of human suffering and disease among the unfortunate and indigent, but its history proves that for hundreds of years, indeed till within a comparatively short period, the evil produced by it was incalculably greater than the good. To be carried to the Hôtel Dieu was almost equivalent to a sentence of death. The causes are obvious in the situation and administration of the hospital. Five or six patients were not unfrequently placed in the same bed—diseases of every description were indiscriminately thrown together—the beds or straw, as the case might be, on which the patients lay, were excessively filthy—the rooms were in the same situation, and badly ventilated—so that apart from the medical treatment which the patients received, we have sufficient cause for the great portion of deaths of those who entered the hospital.

Some idea may be formed of the situation of the Hôtel Dieu, from the record of the first royal donation which it received. This was as late as 1228. It was made by Philip Augustus, then king of France, in the following words. "We give to the House of God, situated before the grand church of the very happy Mary, *all the straw* of our chambers and of our house at Paris, each time that we shall quit the city to go to sleep elsewhere."

The following extract is from a report made in 1816, to the council general of hospitals, on the ancient state of the Hôtel Dieu.

"The beds were heaped together in the wards, and the patients were heaped together upon the beds. There were often four and sometimes six placed in the same bed. The administrators themselves of this establishment, in a memoir published in 1767, and their predecessors more than a century before, in 1661, had stated the same facts in an account given of this hospital. They were seen even on some occasions, to place the patients one above another, by means of hammocks, which they ascended by a ladder. The government, uninfluenced by the solicitations of the friends of humanity, remained insensible to so many evils. Chamaussit, Duhamel, Petit, &c. had earnestly but in vain insisted on the necessity of removing the institution to some more salubrious quarter of the city, or of changing and reforming its actual administration, when, in 1786, a memoir was published on the urgent and pressing necessity of an immediate removal. It proposed the construction of four hospitals without the barriers of the city, to which the patients from the Hôtel Dieu should be removed. Louis XVI. ordered the Academy of Sciences to make a report on the state of the hospital, and the following are some of the results relative to its mortality compared with that of La Charité. In fifty-two years, dating back from the time of the report, the number of deaths out of 1,108,741 admitted into the hospital, was 244,720—one to each four and a half. The mortality at La Charité, during the same period, was

one in seven and a half; from which it appeared that the Hôtel Dieu in these fifty-two years, deprived France of 99,044 citizens, which she would not have lost, had this hospital been as well situated and as wisely administered as La Charité. This loss, which for the fifty-two years, was 1905 each year, was about *one-tenth* of the whole annual loss of the city.

"The king ordered the proposed plan to be carried into effect, and in a prospectus invited the citizens to concur with him by gifts and subscriptions in this work of benevolence. A generous emulation was created among all classes, and considerable sums were collected for the execution of the work. This was violently opposed by the administration of the hospital; and the state of the finances and precursors of the revolution, dissipated the amount of some millions of francs, and defeated the enterprise. At this period there were 1994 beds, while the mean number of patients was 2500 and the extreme number from 5 to 6000: so it was still necessary to continue the murderous usage of putting two, three, and even four patients together, who should poison each other by their mutual emanations, and the sick, the dying, and the dead, were often laying in the same bed beside each other.

"The Hôtel Dieu continued in this deplorable situation till 1793, and it is only from this period that the institution may date its reformation. The plan of building the four hospitals without the city was abandoned—the buildings in the neighbourhood of the Hôtel Dieu, which prevented a free circulation of air about the hospital, were demolished—the wards considered unhealthy were closed—new ones were added, and the number of beds in each diminished—the windows were extended down to the floor, and thus a free ventilation procured—the most scrupulous attention was paid to the removal of filth and the preservation of cleanliness, and the patients according to the nature of their diseases, were distributed in separate halls, or conveyed to other hospitals."

Such is a succinct history of this, the oldest and one of the most interesting hospitals of Paris. It is situated on both sides of the branch of the Seine, forming the southern boundary of the island of the Palace, and is irregular in its structure and the arrangement of its interior. This is the case with most of the French hospitals, as the greater part of them are established in buildings formerly used as prisons, churches, or convents, so that we seldom meet here that beauty of architectural proportions, which distinguishes many of the hospitals of Holland, England, and the United States. The portico which forms the entrance to the Hôtel Dieu is modern, and exhibits a fine specimen of the massy and simple elegance of the Grecian Doric.

This hospital has been, since its reformation, not only a place of refuge and relief for the unfortunate sick and wounded, but a valuable school for the study and advancement of that divine art whose succours are gratuitously afforded to its inmates. There are evils connected with its location in the centre of a great and active capital which are irremediable, but every thing which the wisest internal re-

gulations, and the assiduous services of talented and illustrious professional men can do in effecting its benevolent intentions, has been carried into execution, and faithfully attended to. The halls are vast, clean, well ventilated, and not crowded with beds. The number of these is 1262, of which 674 are appropriated to men, and 588 to women. The number of wards is twenty-three. The two surgical halls for men are in a line, on the second floor, and are usually attended, one by DUPUYTREN and the other by BRESCHET. The female ward is under the care of SANSON. During the clinical course of Dupuytren, the three wards are visited by himself in succession, in order to embrace in his course every variety of disease existing in the hospital. All patients, wounded and sick, are received at the Hôtel Dieu, excepting infants, incurables, mental alienations, lying-in women, and individuals attacked with venereal or chronic affections.

M. Dupuytren, the surgeon in chief, says the improvements which have been made in the administration and regulation of the hospital, have rendered it one of the most salubrious in the capital. The sight and the smell are no longer disagreeably affected as they formerly were—those adynamic fevers rarely occur, which the air, charged with concentrated putrid miasm, formerly developed in so great numbers—and hospital gangrene is seldom seen; the course of clinical surgery sometimes closing without a single instance of this affection. The operation of the trepan practised in those cases where its employment is indicated, and under circumstances which are not beyond all resource, succeeds as well as other operations, and fails only from analogous reasons. In return, and probably on account of the precautions taken to favour the free entrance and circulation of air in the hospital, there occurs a great number of inflammations. In effect, pleurisies, pneumonias, and peritonitis have increased, in the same proportion that putrid and malignant fevers, gangrenes, &c. have diminished, and a great proportion of the deaths which occur in the surgical wards, are occasioned by these inflammatory affections. Every individual who has died in the halls of surgery for several years has been examined after death, and the surgeons of the Hôtel Dieu are convinced, as DESAULT often said, without being able to furnish proof of it, that a great majority of deaths which occur during the treatment for surgical affections, are occasioned by internal inflammations, and that in most cases these inflammations exist to the number of two, three, or four in the same subject. This observation has not been lost sight of in the treatment of the surgical diseases. Refrigerants and diaphoretics have almost universally superseded the

use of tonics, and general and local bleedings have taken the place of excitants and stimulants. There is hardly a single pound of cinchona given internally, and a few pounds used for external applications, for nearly three thousand patients received and treated annually in the surgical wards of this hospital.

Fractures are nearly all treated by position—some of them, such as those of the neck of the femur and humerus solely in this manner; the others by position, aided by apparatus, designed rather to prevent motion than to act with force upon the limbs. Continual extension is used in no case whatever. The frightful apparatus formerly used for the reduction of fractures and dislocations, has been totally banished, and has given place to milder methods. Operations for strangulated hernia are done at the moment the patients are received. The operation for cataract is uniformly by couching, and is always performed at the bed of the patient, by which the inconveniences and danger of moving them after the operation is avoided.

The observations on the treatment at this establishment will be concluded by a few remarks on that adopted by some of the physicians in the halls of medicine, and these remarks are applicable to most of the other hospitals of Paris. Many of the physicians still adhere to the ancient notions of pathology, and adopt the opinions of BROWN in relation to the employment of tonics and stimulants. Others advocate the principles and follow the practice of the *reformer*, BROUSSAIS, the great chief of physiological medicine. Employing in almost every case, diet, demulcent drinks, local and general bleedings, baths and emollient applications; they proscribe the greater part of the other therapeutic agents. Both parties appeal to the success of their practice as proof of its correctness, and in confirmation of the soundness of the principles on which it is founded.

The visits are made before breakfast, early in the morning. Those of Baron Dupuytren commence at seven o'clock in the winter, and an hour or two earlier in the summer. At eight he begins his clinical lecture in the amphitheatre, which continues one hour. After which the operations are performed by himself or one of the other surgeons. Then follows the gratuitous consultations and advice to persons not in the hospital. The visits, lectures, and operations of Dupuytren are attended by a great number of students.

Statistical Table, from the Annual Report of 1822.

		Number of Beds—Medicine.				Surgery.			
Men	-	-	-	-	398	-	-	-	151
Women	-	-	-	-	388	-	-	-	63

	MEN.			WOMEN.			Total general for 1822.	Total general for 1821.
	Med.	Surg.	Total	Med.	Surg.	Total		
In the hospital, Jan. 1, 1822.	318	142	460	322	58	380	840	810
Admitted during the year -	4,288	1,767	6,055	3,879	755	4,634	10,689	11,663
Dismissed - -	3,664	1,605	5,269	3,118	686	3,807	9,076	9,448
Deaths - - -	685	154	839	786	65	851	1,690	1,685
Remaining 31st of Dec. 1822 -	257	150	407	297	59	356	763	840
Rate of mortality, one for - -	6.72	12.39		5.34	12.50			
Mean number of days in the hos- pital - - -	7	12		5	12			

The ages which gave the greatest number of patients were for the men, from fifteen to forty years; for the women from fifteen to thirty-two.

The cures in medicine were catarrhs, diarrhœas; continued, bilious, and gastric fevers; inflammations of the stomach, peritoneum, and pleura; rheumatisms, and recoveries after delivery.

The deaths, aneurisms of the aorta, apoplexies, pulmonary catarrhs, catarrhal and adynamic fevers, cancers of the uterus, tubercular phthisis, peritonitis, and pneumonias.

I have given the table for 1822, because it is more minute and circumstantial than those which have since been made. In subsequent reports, the medical and surgical patients are not separately given in distinct tables, and as the difference in the mortality of the two classes is very considerable, any inference drawn from the *average* mortality could not be relied on, and must consequently be less important and interesting. The report of 1822 may be taken as a pretty correct example of the actual population and proportionate mortality of this hospital.

The following is a list of the surgical operations performed the same year at the Hôtel Dieu. Nearly all the important operations during my attendance at the hospital, were by Dupuytren. The operations for stone are performed by the three surgeons successively, each one operating differently from the other. The object of this arrangement is to test practically the advantages or disadvantages of each of the three methods. That of Dupuytren is the bi-lateral—of Bresschet the old lateral, and of Sanson the recto-vesical.

Surgery of the Hôtel Dieu for the year 1822.

Obstetric cases - - - -	5	Fractures of thigh (body of bone)	24
Vaccinations - - - -	9	_____ of thigh (neck of bone)	26
Setons - - - -	59	_____ of leg - - - -	41
Incisions for opening abscesses, boils, &c. - - - -	254	_____ of tibia - - - -	16
Paracentesis abdominis - - - -	5	_____ of fibula - - - -	18
Hydrocele by injection - - - -	6	_____ of patella - - - -	4
_____ by incision - - - -	2	_____ of calcaneum - - - -	2
Empyema - - - -	1	Lithotomy (men) - - - -	4
Extraction of foreign bodies - - - -	4	_____ (women) - - - -	2
Fissures of the anus - - - -	6	Removal of stone from urethra - - - -	2
Fistula lachrymalis - - - -	45	Sarcocoele - - - -	4
_____ in ano - - - -	5	Phymosis - - - -	5
_____ recto-vaginal - - - -	2	Paraphymosis - - - -	2
_____ vesico-rectal - - - -	1	Introduction of catheter - - - -	180
Section of the sterno mastoid muscle - - - -	1	Amputation of arm - - - -	3
Hare-lip - - - -	4	_____ of forearm - - - -	2
Trepan - - - -	1	_____ of fingers - - - -	5
Cataract - - - -	62	_____ of thigh in the articu-	
Extirpation of eye - - - -	2	lation - - - -	1
Reduction of uterus - - - -	4	_____ of thigh - - - -	2
_____ of rectum - - - -	2	_____ of leg - - - -	7
Artificial anus - - - -	2	_____ of toes - - - -	2
Ligature of radial artery - - - -	1	_____ of tumours of breast	
_____ of femoral artery - - - -	1	and other parts of the body, en-	
Cauterizations for hæmorrhages, bites, &c. - - - -	19	cysted tumours, &c. - - - -	88
_____ for cancer of skin - - - -	11	Amputation of penis - - - -	1
_____ for neck of uterus - - - -	3	Strangulated hernias - - - -	18
Fractures of cranium - - - -	5	Hernias reduced - - - -	15
_____ of lower jaw - - - -	3	Extraction of bone - - - -	4
_____ of sternum - - - -	1	Rupture of ligament of patella - - - -	1
_____ of ribs - - - -	29	_____ of the tendo-achilles - - - -	1
_____ of pelvis - - - -	5	Luxation of lower jaw - - - -	4
_____ of clavicle - - - -	21	_____ of clavicle - - - -	3
_____ of scapula - - - -	2	_____ of humerus - - - -	14
_____ of arm - - - -	24	_____ of elbow - - - -	5
_____ of forearm - - - -	16	_____ of fingers - - - -	2
_____ of radius - - - -	27	_____ of femur - - - -	3
_____ of cubitus - - - -	5	_____ of knee - - - -	1
_____ of metacarpus - - - -	1	_____ of patella - - - -	1
		_____ of foot - - - -	1
		_____ of metastarsus on the tarsus	1

I shall close this article with a short and necessarily imperfect sketch of Baron Dupuytren, the surgeon in chief, and the most distinguished of Paris, and perhaps of the world. He is now fifty years of age. He has a noble and striking physiognomy, strongly indicative of his original and vigorous intellect. The general contour of his head, and the outline of his features bears considerable resemblance to the portraits of Napoleon. His manner varies exceedingly with the *mood* in which he happens to be. He is generally grave, and his manner rather cold and forbidding. But he is not always the lion, and he is never more interesting than when indulging, as he often does, his talent for playful humour and raillery. He never appears to enjoy himself so much as when detecting a falsehood in the answers

of his patients, and in stripping off the veil of equivocation and evasion to discover the truth. When he is inclined to be irritable, these reluctant and unsatisfactory replies seldom fail to put him in a passion, and he can then only be appeased by simple and direct answers. Some anecdotes are told of him, which partake of the most cold-blooded cruelty; but in following his visits for several months, I have never seen any thing of the kind, and it may be believed that those related of him are exaggerated, or that the irritating and provocative circumstances on the part of the patient have been kept in the back ground. Certainly no man can be more winning in his manners, more insinuating in his address, than Dupuytren when he chooses to be. I have never seen a man, who, by the fascination of his manner, and the admirable adroitness of his conversation, could so readily calm the fears and quiet the apprehensions of a patient when about to submit to an operation. I have seen a child fourteen years old, talking and laughing with him, when actually placed on the table and tied for lithotomy.

In regard to his professional character and merits, they are too well known and universally appreciated to require any notice. Notwithstanding the boldness and hardihood of many of his operations, no surgeon in the capital is so much distinguished for his caution and *prevoyance*. He examines diseases carefully and minutely, is quick in his conception, and wonderfully correct in his prognosis, which he seems fond of giving. The extreme uncertainty of the success of any considerable operation in the French hospitals, and the frequency of the fatal termination of such cases, have taught him a degree of prudence, which, to one not aware of these circumstances, might seem excessive and unnecessary. He always watches for the most favourable situation of the patient, before performing any important operation, and delays it so long as a single symptom remains which appears unfavourable, and which may be removed.

His manner as a lecturer is different from that of most of the Paris professors; excepting at times, he makes use of but little gesture, and he is generally wanting in animation. He sits loungingly in his chair, the end of his thumb between his lips, and speaks low and lazily. This is always the case at the beginning of a lecture. Frequently, however, he grows animated, becomes more interested in his subject, and speaks with more energy. He is then a model for a lecturer—always articulates distinctly and deliberately, and is celebrated for the correctness and polish of his language, and the elegance of his pronunciation.

Lowell, Massachusetts, April 5, 1828.